

## NEUROLOGIC HISTORY

### 1 Background and Rationale

The purpose of the Neurologic History Form is to assess co-morbidity and identify severe problems that would necessitate referral. The form contains questions regarding transient ischemic attacks and strokes.

The stroke and transient neurologic symptoms questions are taken directly from the ACAS questionnaire.

### 2 Definitions

For a detailed discussion of prevalent cardiovascular events see "Protocol for CHS Events. The definition of a prevalent cardiovascular event is adjudicated depending on either confirmation by personal physician or hospital records.

**O** Physician A licensed medical doctor (MD), or osteopath (DO).

### 3 Methods

3.1 The Neurologic History Questionnaire is interviewer-administered during the Clinic Visit using an on-line RodePC data entry program.

3.2 Stroke

**O** Question 1 - Has a doctor ever told you that you had a stroke?

**O** Record the participant's responses.

**!** Enter "Y - Yes" when the participant indicates s/he has had a stroke.

**!** Code "N - No" when the participant indicates s/he has never had a stroke.

If "N - No" or "D - Don't Know", skip to Question 6.

**!** Code "D - Don't Know/Refused" when the participant indicated s/he did not know or refused to answer.

**O** Question 2: What was the doctor's name and address?

**!** When question 1 is coded "Y - Yes", record the doctor's name and address.

**!** When the participant is unable to supply the complete information, record all which is available.

- Question 3: Have you ever been hospitalized for a stroke?
  - ! Code "Y - Yes" when the participant has been hospitalized for a stroke.
  - ! Code "N - No" when the participant was not hospitalized for a stroke.
  - ! Code "D - Don't Know/Refused" when the participant indicated s/he did not know or refused to answer.
- Question 4 - What was the hospital's name and address.
  - ! When Question 4 is coded "Y - Yes", record the hospital's name and address.
  - ! When the participant is unable to supply the complete information, record all which is available.
- Question 5 - What problems or deficits did you have after the stroke?
  - ! Script: Did you have weakness of LOCATION?
  - ! Check "Y - Yes" when the participant had weakness of the location.  
If "Y - Yes":  
  
SCRIPT: Is the weakness still present?  
  
    - ! Check "Y - Yes" when the weakness of the location is still present.
    - ! Check "N - No" when the weakness of the location is no longer present.
  - ! Check "N - No" when the participant denies weakness of the location.

### 3.3 TIA

- Question 6 - Has a doctor ever told you that you had a transient ischemic attack or TIA?
- Record the participant's responses.
  - ! Enter "Y - Yes" when the participant indicates s/he has had a TIA.
  - ! Code "N - No" when the participant indicates s/he has never had a TIA.  
  
If "N - No" or "D - Don't Know", skip to Question 10.

! Code "D - Don't Know/Refused" when the participant indicated s/he did not know or refused to answer.

O Question 7: What was the doctor's name and address?

! When Question 6 is coded "Y - Yes", record the doctor's name and address.

! When the participant is unable to supply the complete information, record all which is available.

O Question 8: Have you ever been hospitalized for a TIA?

! Code "Y - Yes" when the participant has been hospitalized for a TIA.

! Code "N - No" when the participant was not hospitalized for a TIA.

! Code "D - Don't Know/Refused" when the participant indicated s/he did not know or refused to answer.

O Question 9 - What was the hospital's name and address.

! When Question 9 is coded "Y - Yes", record the hospital's name and address.

! When the participant is unable to supply the complete information, record all which is available.

3.4 The Neurologic Symptoms Questionnaire (Questions 10 -114) consist of six screening questions (10, 27, 45, 61, 80, 98) followed by several additional questions which are triggered when a positive response is made to the initial screener.

3.5 Other Neurologic Symptoms.

O Script: Have you every had any of the following?

O Code "Y - Yes", when the participant had the symptom.

O Code "N - No", when the participant did not have the symptom.

O Code "D - Don't Know" when the participant indicated s/he did not know, or refused to answer the question.